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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/406,520 08/28/2002  
 and claims benefit of 60/448,043 02/20/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 11/13/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY FL	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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 29391  
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TITLE  
 CRIMP TOOL FOR CRIMPING PIN AND SOCKET CONTACTS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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